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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	10/824,281
Filing Date	01/14/2004
First Named Inventor	Pangreic
Art Unit	1743
Examiner Name	
Attorney Docket Number	PP013

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
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The reasons for this request are:

Change of attorney

Approved
J. M. Stone
Jacqueline M. Stone, Director
Technology Center 1700
7/15/05

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Robert Pangreic		
Address	1104 5th St		
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Signature	[Signature]		
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Date	5/27/05	Telephone No.	7732201530

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